

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4016

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wapapello Mo.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				d. STREET ADDRESS (If rural, give location) Williamsville Route #2			
3. NAME OF DECEASED (Type or Print) a. (First) Emlin		b. (Middle) Elsworth		c. (Last) Kelley		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 28, 1929	
9. AGE (In years last birthday) 40		10. MONTHS 8		11. DAYS 2		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wapapello Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Harrison Kelley		13b. MOTHER'S MAIDEN NAME Minnie Bell		14. NAME OF HUSBAND OR WIFE Hellen Kelley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 490-18-1650		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hellen Kelley Williamsville R#2			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH nn 2X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/9, 1949, to 2/15, 1950 that I last saw the deceased alive on 2/15, 1950, and that death occurred at 10:25 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. H. Johnson M.D.		23b. ADDRESS Poplar Bluff Mo.		23c. DATE SIGNED 2/18/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-17/50		24c. NAME OF CEMETERY OR CREMATORY Kelley		24d. LOCATION (City, town, or county) (State) Wapapello Wayne Mo.	
DATE REC'D BY LOCAL REG. Feb 23-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank- Cotrell Poplar Bluff Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

250-106

FEB 28 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed: _____

George A. Herby

Licensed Embalmer No. _____

4750

P. O. Address _____

Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED-EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.